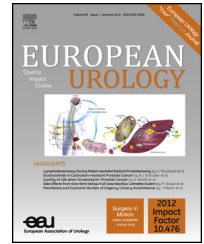




European Association of Urology



Platinum Opinion

What Can Be Done to Maintain Men's Health: Perspectives from the EAU Young Academic Urologists Working Party Men's Health Group

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on behalf of the Young Academic Urologists Working Party Men's Health Group

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Men have lower life expectancy than women in most countries around the world, regardless of geography, race, and ethnicity [1]. This gender disparity has been reported since the beginning of the 20th century and most likely will continue through the end of this century [2]. Although this phenomenon may be explained by biological and clinical factors such as higher incidence of coronary heart disease, hypertension, diabetes, and cancer [1], high-risk behavior and low utilization of health services may also contribute to men's lower life expectancy [2].

Although the factors accounting for differences in life expectancy between men and women are not yet entirely clear, increasing awareness of this unchallenged reality has resulted in the introduction of a new medical field known as *men's health*. As obstetric and gynecologic problems inevitably drive women to turn to health care from an early age, a similar approach to men complaining of male gender-specific problems not only will allow the presenting complaint to be addressed but also will allow for other male gender-specific problems to be managed accordingly. In an attempt to explore men's contextualized understanding of their health, Coles et al. noted that men perceive barriers to seeking help; however, they are willing to engage in health care services and to discuss their health care needs [3]. Consequently, physicians who specialize in men's health can break down those barriers and play a pivotal role in addressing the general health questions of male patients.

Defining this new approach is a challenging task. Although many professional organizations have different

perspectives regarding the content of men's health, there seems to be agreement that this discipline should focus on the medical problems of the human male anatomy. Because most problems in urology are closely linked to common causes of death in men, systematizing the management of these conditions and addressing this limited perspective as a stepping stone in improving men's overall health is a logical approach.

One example would be the relationship between erectile dysfunction and cardiovascular disease, which is well established [4,5], whereby special evaluation is recommended by the current guidelines in patients presenting with intermediate and high cardiovascular risk (ie, more than three risk factors, unstable angina, recent myocardial infarction, moderate-severe left ventricular dysfunction) [6]. Similarly, a strong association is recognized between male hypogonadism and metabolic syndrome [7], whereas obesity [8] and metabolic syndrome [9] may also play a role in the pathogenesis of lower urinary tract symptoms as related to benign prostatic hyperplasia (Fig. 1).

Taking the aforementioned causal relationships into consideration, the International Society of Men's Health adopted the following comprehensive definition and scope of *men's health* [10]:

- Male gender-specific diseases and conditions related to the male anatomy such as prostate diseases, male sexual dysfunctions, male hypogonadism, and testicular and scrotal diseases

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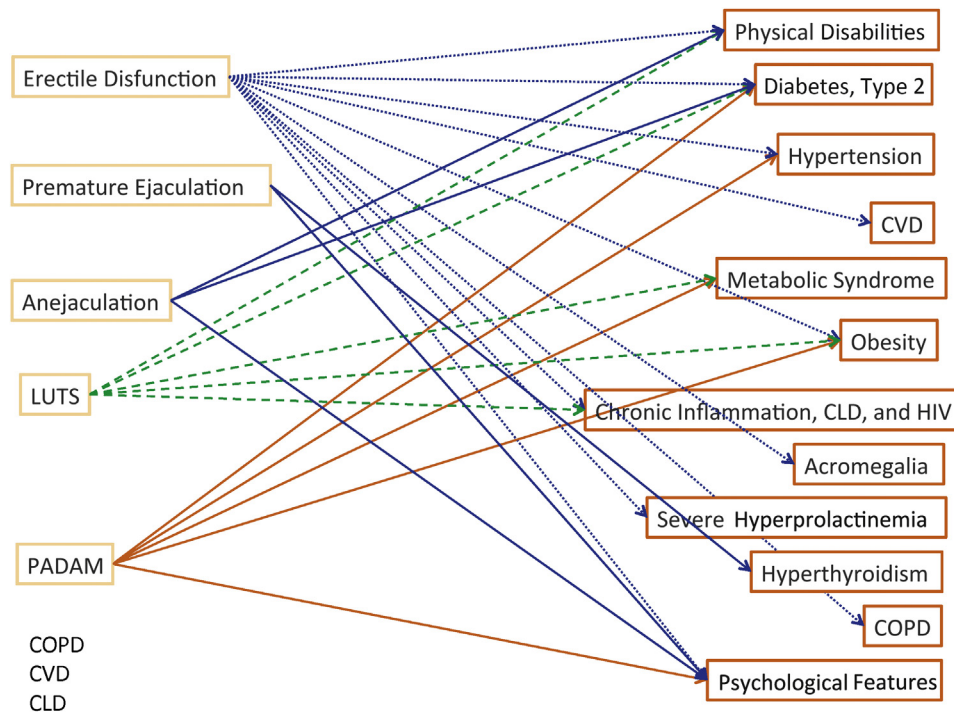


Fig. 1 – Relationships among male gender-specific health issues.

CLD = chronic liver disease; COPD = chronic obstructive pulmonary disease; CVD = cardiovascular disease; LUTS = lower urinary tract symptoms; PADAM = partial androgen deficiency in the aging male.

- Non-gender-specific diseases and conditions with a higher prevalence or special impact on men such as cardiovascular disease; metabolic syndrome; chronic obstructive pulmonary disease; cancers of the lung, colon, bladder, and liver; and schizophrenia including obsessive-compulsive disorder, and suicide
- Behaviors that are more common in men and impose health risks such as smoking, substance abuse, violence, and low utilization of health services
- Social situations involving a majority of men that may have a negative impact on their health such as the armed forces, wars, incarceration, construction, mining, and shipping industries.

This definition fits with the general vision of the men's health field that could be represented as three concentric circles in which the innermost circle represents uroandrogenic problems, the middle circle represents general health issues, and the outermost circle represents psychosocial, work, and productivity implications.

To strengthen the urologist's role as a resource and a point of reference for male patients to coordinate their general health issues, the American Urological Association has prepared a health checklist to guide urologists in screening for urologic and nonurologic men's health issues [11].

Inevitably, the concept of men's health has spread to Europe, and recently a group of young academic urologists has started to focus on this topic under the umbrella of the European Association of Urology (EAU). The ultimate aims established for the Young Academic Urologists Working Party (YAUWP) Men's Health Group are supported by three

pillars: publications, training, and scientific interaction (Fig. 2).

With regard to publications, the goal is to increase the understanding of the men's health field within the urologic community while improving patient care by incorporating the latest scientific evidence and expert recommendations.

To date, formal education in the specific field of men's health is sorely lacking, and our aim is to preliminarily assess the current level of andrologic training within Europe through a survey. Through strict collaboration with the EAU Section of Andrological Urology, a men's health curriculum will be implemented as an integral part of urology residency training and will include an effective multidisciplinary environment so that all urologists are equipped to provide high-quality men's health care in its entirety. Furthermore, collaboration with existing EAU offices such as the European Urological Scholarship Programme (EUSP) and the European School of Urology will promote scholarships and thematic courses in specialized and certified European centers.

With regard to scientific activity, we aim to establish a multicenter scientific clinical network among specialists involved in men's health covering specific topics (eg, urologists, cardiologists, and endocrinologists for clinical studies on metabolic syndrome, cardiovascular risk, and sexual health; urologists and medical oncologists for the management of sexual well-being during oncologic treatment; interaction between urologists and specialists involved in reproductive medicine for aging men seeking fatherhood). Finally, we will invest in preclinical research identifying priority research lines, such as physiopathology

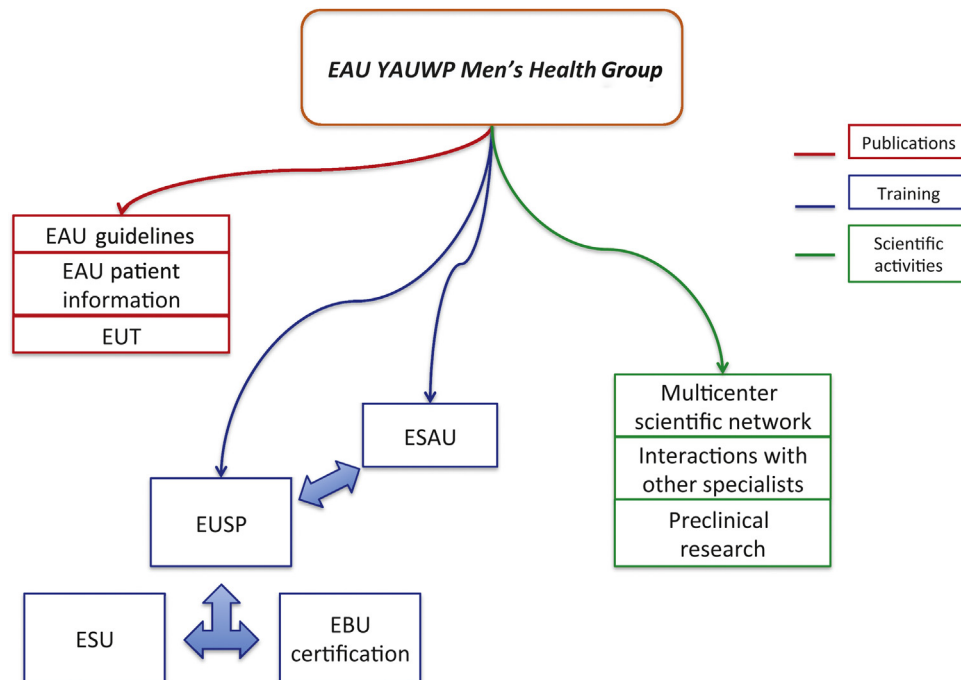


Fig. 2 – Perspectives and projects of the EAU Young Academic Urologists Working Party Men's Health group.

EAU = European Association of Urology; EBU = European Board of Urology; ESAU = EAU Section of Andrological Urology; ESU = European School of Urology; EUSP = European Urological Scholarship Programme; EUT = *European Urology Today*; YAUWP = Young Academic Urologists Working Party.

of prevalent sexual diseases, use of stem cells in andrology, and molecular mechanisms of endothelial dysfunction and rehabilitation, that could also serve as proposals for scholarships to be offered to young researchers (through interaction with the EUSP).

In summary, understanding the gender differences in life expectancy and improving the overall health of men requires physicians to use every opportunity to screen patients for common causes of death. Considering the increasing incidence of urologic conditions in the aging male, urologists must adopt a holistic approach rather than focusing solely on the presenting symptom. The urologist's awareness of the association of health-threatening conditions and urologic problems must be raised, and further educational and research activities should emphasize the importance of this topic. Moreover, men need to be informed and educated about the availability of screening and prevention programs, and they must be given the opportunity to process the information and make lifestyle changes that are necessary for their longevity. As urologists working for the YAUWP Men's Health Group, we acknowledge the importance of this innovative approach and aim to serve the urology community by supporting the necessary adaptations to align research, to encourage scholarship, to establish evidence-based guidelines and recommendations in the medical field to make an impact on male longevity rates, and to improve men's health.

Conflicts of interest: The authors have nothing to disclose.

Appendix. Members of the EAU Young Academic Urologists Working Party Men's Health Group

Maarten Albersen, University of Leuven, Leuven, Belgium; Giorgio Bozzini, IRCSS Policlinico San Donato, Milan, Italy; Eduard Garcia-Cruz, Hospital Clinic de Barcelona, Barcelona, Spain; Christian Gratzke, Medical University of Munich, Munich, Germany; Juan Ignacio Martinez-Salamanca, Universidad Autonoma de Madrid, Madrid, Spain; Markus Mergreiter, Medical University of Vienna, Vienna, Austria; Alex Mueller, University Hospital of Zurich, Zurich, Switzerland; Juan Romero Otero, Universidad Complutense de Madrid, Madrid, Spain; Ege Can Serefoglu, Bagcilar Training and Research Hospital, Istanbul, Turkey; Paolo Verze, University of Naples Federico II, Naples, Italy

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